



Maine Center for Disease
Control and Prevention
An Office of the
Department of Health and Human Services

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Public Health Update

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Norovirus

There have been 38 reports in 2012 of outbreaks of gastrointestinal illness. Ten of these are confirmed norovirus; more than half are still pending investigation. The majority (20) of these reports have come from long-term care facilities, with 12 reports in daycare/school settings, and 6 in other types of facilities/events/unknown. All public health districts have seen at least one report of GI illness.

Norovirus infections typically increase during the winter months, and Maine CDC routinely receives reports of suspected and confirmed norovirus outbreaks each year. Public health partners are encouraged to consider norovirus when assessing clusters of gastroenteritis and to act promptly to prevent the spread of illness.

Noroviruses spread easily, causing more than 20 million gastroenteritis cases each year in the U.S. There's no vaccine to prevent norovirus infection and no drug to treat it. Wash your hands often and follow simple tips to stay virus-free.

For more information, see this health alert (<http://go.usa.gov/QCD>) or this US CDC feature (<http://www.cdc.gov/Features/Norovirus/>).

In addition, the 2011 Norovirus surveillance report is now available at: <http://go.usa.gov/Pb4>

Influenza

The U.S. Food and Drug Administration (FDA) has approved FluMist Quadrivalent, the first vaccine to protect against four strains of the flu virus. For more information, visit: <http://go.usa.gov/PTi>

Maine CDC continued to report sporadic flu activity for the week ending March 3. Weekly updates on flu activity are available online:

- for Maine: <http://go.usa.gov/NoK>
- for the US: <http://go.usa.gov/ITB>
- for the world: <http://go.usa.gov/ITK>

The timing of flu seasons is unpredictable and can vary in terms of when the season starts, when it peaks, and when it ends. Flu season can begin as early as October and last as late as May. If you haven't gotten vaccinated yet, get your vaccine now.

Maine CDC reminds everyone to take everyday preventive measures against the flu:

- Wash your hands frequently
- Cough and sneeze into your elbow or shoulder
- Stay home when you feel sick
- Get vaccinated

Colorectal Cancer Awareness Month

March is National Colorectal Cancer Awareness Month (<http://www.cdc.gov/Features/ColorectalAwareness/>).

According to the Maine Cancer Registry, 2004-2008 data, only 46% of the colorectal cancers in Maine are detected at an early stage. Studies show that when providers recommend screening directly to their patients, they are significantly more likely to comply with screening. Fecal Immunochemical Test (FIT) and FOBT are options for early cancer detection that can be used in patients who have average risk for colon cancer, but should **not** be used as an office-based test (i.e., as part of rectal exam). If positive, they should be followed up with a colonoscopy (and not repeated for confirmation).

Colorectal cancer is the second-leading cause of cancer death in Maine. In the past few decades, we have seen reduced incidence of, and mortality from, colorectal cancer, likely due to increased screening, especially utilization of colonoscopy (which can prevent cancer by removing pre-cancerous polyps and detect cancer early so it is more easily and successfully treated). Among those who develop colorectal cancer in our state, 55% of people under age 65 and 45% of people over age 65 are diagnosed at a later stage, despite availability of a variety of screening tests for early detection.

Maine CDC's Colorectal Cancer Control Program (MCRCCP) is a statewide program funded through a cooperative agreement by the US CDC. The purpose of the MCRCCP is to

- Increase the colorectal cancer screening rate of Maine residents age 50 and older from 74.3% [2010 BRFSS] to 80% by 2014 (Adults aged 50+ who have ever had a sigmoidoscopy or colonoscopy)
- Help reduce financial barriers to screening (specifically by colonoscopy or FIT) for low income uninsured Maine residents age 50 and older

For more information about the MCRCCP or for patients who may need assistance, call 877-320-6800 or visit our website at <http://colonscreenme.org/>

Suicide Prevention Conference National Nutrition Month

The Beyond the Basics of Suicide Prevention Conference 2012 will be held from 8 a.m. to 3:30 p.m. April 6 at the Augusta Civic Center. The conference is designed for an adult audience that has attained basic training and knowledge in suicide and suicide prevention and wishes to expand their knowledge and ability to engage in suicide prevention in Maine. This year's theme, "Creating Partnerships: Taking a Collaborative Approach to Advancing Suicide Prevention" will provide participants with ideas and tools that will enable them to form new partnerships in their own communities to help prevent suicide in Maine. The cost is \$85. For more information and to register:

<http://msppconference2012.eventbrite.com/>

March is a time to set healthy eating goals. Physical activity and proper nutrition are key components in the prevention and treatment of chronic diseases, such as diabetes and cardiovascular disease, and their risk factors, including high blood pressure and obesity. National Nutrition Month focuses attention on the importance of making informed food choices and developing sound eating and physical activity habits.

Make sure you are eating the recommended amounts of fruits, vegetables, grains, protein foods, and dairy each day – guidelines, recipes, and other tools are available at ChooseMyPlate.gov. Additional information on healthy eating and physical activity is also available at LetsMove.gov.

Maine CDC's Physical Activity and Nutrition Program focuses on increased physical activity, increased consumption of fruits and vegetables, increased duration of breastfeeding, improved caloric balance and expenditure, food safety, and food security. For more information, visit <http://healthymainepartnerships.org/panp/>.

National Women and Girls HIV/AIDS Awareness Day

Every 35 minutes, a woman tests positive for HIV in the U.S. Women make up a quarter of all new HIV infections in Maine and account for about 16% of people living with HIV in Maine.

Women have unique issues and special challenges that make it harder for them to prevent HIV or take care of themselves if they have HIV:

- Women's bodies are different. A woman is twice as likely as a man to get HIV infection during vaginal sex (because the lining of the vagina provides a large area of potential exposure to HIV-infected semen). Some diseases or disorders unique to women make HIV more serious.
- Women can give HIV to their babies. Women who have HIV can give it to their babies during pregnancy, delivery, or breast-feeding.
- Women may lack control in relationships: they may be scared to refuse sex or insist that their partner use a condom, or can't talk to their partner about abstinence, faithfulness, or using condoms.
- Women may not know if their partner is doing things that put him (and therefore her) at risk for HIV.
- Women may not earn much money, which makes it hard for them to pay doctors or even get a ride to their doctor appointments. In extreme instances, some women even end up trading sex for money or drugs.
- Women may be caregivers for others and not feel they have the time to take care of themselves or are unable to find someone to take care of their loved ones when they want to access services.

HIV testing should be a routine part of health care. For local testing resources and information, visit:

<http://askforhetest.org>

For more information: <http://www.cdc.gov/Features/WomenGirlsHIVAIDS/> or

<http://www.womenshealth.gov/nwghaad/>

Awareness campaigns

March 8 is **World Kidney Day**. Most people with kidney disease are not aware of their condition. If you have diabetes, talk to your doctor about getting tested for kidney disease.

Keep kidneys healthy by controlling your blood sugar and blood pressure. For more information:

<http://www.cdc.gov/Features/WorldKidneyDay/>

Feb. 29 was **Rare Disease Day**. As a group, rare diseases are not that rare. About 30 million Americans have rare diseases.

For more information, see this blog from the FDA

<http://go.usa.gov/P2z> or visit the National Institutes of Health's Office of Rare Diseases Research: <http://go.usa.gov/Pbm>

May is **Lyme Disease Awareness Month**, but educational activities are already underway, including a poster contest for children in grades K-8 and an audio contest for high school and college students. For more information:

<http://go.usa.gov/PTT>

Traumatic brain injury

Traumatic brain injury (TBI) is a serious public health issue for Americans.

Each year, TBI contributes to a substantial number of deaths and cases of permanent disability. A TBI is caused by a bump, blow or jolt to the head or a penetrating head injury that disrupts the normal function of the brain. The severity of a TBI may range from "mild" to "severe".

This March, in recognition of Brain Injury Awareness Month, US CDC and its partners are working together to spread the word and raise awareness about traumatic brain injury prevention, recognition, and response to help address this important public health problem. For more information:

<http://www.cdc.gov/Features/BrainInjury/> or <http://go.usa.gov/PTC>

C. difficile

C. difficile is a germ that causes diarrhea and other intestinal problems linked to 14,000 U.S. deaths annually. C. difficile infections cost at least \$1 billion in extra health care costs annually. However, a new US CDC report shows that C. difficile is not just a problem in hospitals – it is a patient safety issue in all types of medical facilities including hospitals, nursing homes, and outpatient facilities. Fortunately, the report also shows that some hospitals are showing success in preventing C. difficile infections.

When a person takes antibiotics, good germs that protect against infection are destroyed for several months. During this time, people getting medical care can get sick from C. difficile if the germ is spread to them from contaminated surfaces, such as sinks, or from health care providers' hands.

For more information, see this month's US CDC *Vital Signs* feature: <http://www.cdc.gov/VitalSigns/HAI/> and the related MMWR: <http://go.usa.gov/P2L>

Updated reports

- **Health Effects from Wind Turbines:**
<http://go.usa.gov/PbW>
- **Monthly HIV/STD update for January 2012:**
<http://go.usa.gov/PT9>
- **January 2012 reportable diseases:**
<http://go.usa.gov/PbY>
- **2012 Lyme Legislative Report:**
<http://go.usa.gov/PbD>

Birth control recall

A second nationwide birth control recall was announced at the end of February (<http://go.usa.gov/PT3>). If you are unsure if your birth control is part of either of the nationwide recalls, check with your pharmacist.

Youth smoking

The Surgeon General today released the report *Preventing Tobacco Use Among Youth and Young Adults*, which details the scope, health consequences, and influences that lead to youth tobacco use and proven strategies that prevent its use.

The Surgeon General also unveiled a guide with practical information on addressing tobacco use in young people, *Preventing Tobacco Use Among Youth and Young Adults: We Can Make the Next Generation Tobacco-Free*.

Tobacco is the leading cause of preventable and premature death, killing more than 1,200 Americans every day. For every tobacco-related death, two new young people under the age of 26 become regular smokers. Nearly 90 percent of these replacement smokers try their first cigarette by age 18. Approximately 3 out of 4 high school smokers continue to smoke well into adulthood.

For more information, visit <http://go.usa.gov/PB3>

Copies of the full Report, executive summary, and the easy-to-read guide may be downloaded at <http://www.surgeongeneral.gov>. To order printed copies of these documents go to <http://www.cdc.gov/tobacco> and click on the Publications Catalog link under Tools & Resources.

For access to quitting resources visit www.tobaccofreemaine.org or www.smokefree.gov.

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- Blog: <http://mainepublichealth.blogspot.com>

You may subscribe to these updates for free through an RSS feed at <http://www.maine.gov/tools/whatsnew/rss.php?tid=1049>. In Internet Explorer and Firefox, you will be prompted to Subscribe to the Feed and then select the folder where feeds are stored.

For clinical consultation and outbreak management guidance, call Maine CDC's toll-free 24-hour phone line:
1-800-821-5821